

ANNUAL STATEMENT

For the Year Ended December 31, 2013 OF THE CONDITION AND AFFAIRS OF THE The Beacon Mutual Insurance Company

NAIC Group Code	3490	3490	NAIC Company Code	24017	Employer's ID N	umber 05-0458697
Organized under the Laws of	urrent Period) Rhode Island	(Prior Period)	State	of Domicile or Por	t of Entry Rhode Is	sland
Country of Domicile	US		, 51010	or Bonnone or 1 or		Turio .
Incorporated/Organized		July 11, 19	990	Comme	nced Business	August 12, 1992
Statutory Home Office	One Beacon Centre		···			86-1378
		(Street and	d Number)	· _	(City or Tow	n, State, Country and Zip Code)
Main Administrative Office	One Beacon	Centre		(Ctroot and Num	shor)	
	Warwick, RI,	US 02886-1378		(Street and Num	401-825-2667	
	vvalwick, IXI,		, Country and Zip Code)	(/	Area Code) (Telephone	Number)
Mail Address One Be	eacon Centre			,	Warwick, RI, US 028	86-1378
		(Street and Number or	r P.O. Box)		, ,	n, State, Country and Zip Code)
Primary Location of Books a	nd Records	One Beacon Centre	eet and Number)		wick, RI, US 02886-1378 own, State, Country and Zip (401-825-2667 Code) (Area Code) (Telephone Number)
Internet Web Site Address	www.beaconmut	,	set and ivamber)	(Oity of 1	own, otate, oddritty and zip v	(Wed Gode) (Telephone Number)
Statutory Statement Contact					401-825-2621	
, ,			(Name)	(/	Area Code) (Telephone	Number) (Extension)
	alazzareschi	@beaconmutual.com	4-11 A d.d\			401-825-2659
		(E-N	Mail Address)			(Fax Number)
			OFFICE	RS		
		Name			Title	
1.	James Vincent I			President & C		
2. 3.	Brian Joseph Sp Cynthia Lee Lav			COO & Assist	<u> </u>	
J .		-				
			VICE-PRESI	DENTS		
Name		7	Title		Name	Title
Brian Joseph Spero		Executive Vice Presider	nt & COO	Pamela Lee Alarie		Vice President
Timothy Francis Benson		Vice President		Robert Glenn DeOr	·	Vice President
Michael Dennis Lynch		Vice President		Rajani Mahadevan		Vice President
						-
						-
			DIDECTORS OF	TDUCTEE		
Managet Managet Automa		Harry Dahart Dagar	DIRECTORS OR		O-i-	Dishard Issues DeBissues
Margaret Mary Antone James Vincent Rosati		Harry Robert Bacon Michael John Ruggieri		Raymond Christoph Carol Elaine Saccuo		Richard James DeRienzo John Francis Treanor
Robert A. Walsh Jr. #		Wildrider borin reaggion		Outor Elaine Ouccut		- COMPTRAINS TRAINS
			·			
						
						_
State of Rhode Island						
County of Kent						
The officers of this reporting enti	ity being duly sworn,	each depose and say tha	t they are the described office	ers of said reporting e	entity, and that on the reporting	ng period stated above, all of the herein described
· -		•	=	· -		ent, together with related exhibits, schedules and
explanations therein contained, a	annexed or referred to	, is a full and true stateme	ent of all the assets and liabilit	ties and of the condition	on and affairs of the said repo	rting entity as of the reporting period stated above
	· · · · · · · · · · · · · · · · · · ·		•			counting Practices and Procedures manual excep
• •		=		-		edures, according to the best of their information
•	•		•			vith the NAIC, when required, that is an exact copy
(except for formatting differences	s due to electronic illin	g) of the enclosed statem	ient. The electronic liling may	be requested by vario	ous regulators in fleu of or in a	addition to the enclosed statement.
(Signa	atura)		(Signati	ura)		(Signature)
James Vind	•		(Signati Brian Josep	•		Cynthia Lee Lawlor
(Printed			(Printed N	•		(Printed Name)
(Fillited	,		(Filinea N	iailo)		(Fillied Name)
Presiden	it & CEO		COO & Assistar	nt Secretary		Chief Financial Officer
(Tit	tle)		(Title	e)		(Title)
Subscribed and sworn to (or affirm	med) before me on the					
day of		, 2014, by			a la thia an ariaina	I filing?
					a. Is this an originab. If no: 1. State	I filing? [X] Yes [] No e the amendment number
					2. Date	
						ber of pages attached

NAIC Group Code

3490

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2013

NAIC Company Code

24017

NAIC Group Code 3490	Gross Premiums Including Pol	icy and Membership Fees, Less	3	4	5	6	7	8	9	10	11	12
		niums on Policies not Taken		'			,		ľ			'-
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop 2.3 Federal flood												
Farmowners multiple peril												
Famowners multiple peril Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12 Farthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)			1			1	1					
15.3 Guaranteed renewable A & H (b)			1			1	1					
15.4 Non-renewable for stated reasons only (b)			1			1	1					
15.5 Other accident only			1			1	1					
15.6 Medicare Title XVIII exempt from state taxes or fees			1									
15.7 All other A & H (b)						1				1		
15.8 Federal employees health benefits plan premium (b)						1						
16. Workers' compensation						1			1	1		12,8
17.1 Other liability - Occurrence												
17.2 Other liability - Claims - Made	l	l	1	l	l	1	1	l	1	1	l	1
17.3 Excess workers' compensation						1			1			
18. Products liability						1			1			
19.1 Private passenger auto no-fault (personal injury protection)						1						
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit 30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												12.8
DETAILS OF WRITE-INS												12,0
									1			
3401. 3402.					<u></u>							
3402				NON	<u></u>							
3403. 3498. Summary of remaining write-ins for Line 34 from overflow page			1									
						-		-		-		
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)			1									

(a) Finance and service charges not included in Lines 1 to 35 \$0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

0 and number of persons insured under indemnity only products \hdots 0 .

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2013

3490 NAIC Group Code

NAIC Company Code 24017

	900000000000000000000000000000000000000		licy and Membership Fees, Less	3	4	5	6	7	8	9	10	11	12
		Return Premiums and Prei 1 Direct Premiums Written	miums on Policies not Taken 2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. F													
	Illied lines												
	fultiple peril crop												
	ederal flood												
	armowners multiple peril												
	lomeowners multiple peril												
	Commercial multiple peril (non-liability portion)												
	Commercial multiple peril (liability portion)												
	Nortgage guaranty		1										
	Ocean marine		1										
	nland marine		1										
	inancial guaranty		1										
	Medical professional liability		1	1	l				l	1		1	1
12. E	arthquake		l									l	
13. G	Group accident and health (b)												
14. C	Credit A & H (group and individual)		1									I	
15.1 C	Collectively renewable A & H (b)		1										1
15.2 N	Ion-cancelable A & H (b)		1									1	1
15.3 G	Guaranteed renewable A & H (b)		1									1	
	Ion-renewable for stated reasons only (b)												
	Other accident only												
	Medicare Title XVIII exempt from state taxes or fees												
	Il other A & H (b)												
15.7 7	ederal employees health benefits plan premium (b)												
	Vorkers' compensation	113.064.327	106.829.160	2,236,674	54,282,734	75,819,157	67,880,709	161,663,839	4,231,796	3,999,631	5,033,987	10,467,704	10,016,0
	Other liability - Occurrence	110,004,021	100,023,100	2,200,014				101,000,000	7,201,730				
	Other liability - Claims - Made												
	excess workers' compensation												
	Products liability												
10. F	Private passenger auto no-fault (personal injury protection)												
10.1 F	Other private passenger auto liability												
	Commercial auto no-fault (personal injury protection)												
	Other commercial auto liability												
	Private passenger auto physical damage												
	Commercial auto physical damage												
	sircraft (all perils)												
23. F	idelity												
24. S			1										
	Burglary and theft		1									l	
	Boiler and machinery		1	1	[l	l	l	1	l	1	1
28. C			1	1	[l	l	1	l	l	1
30. V	Varranty											[
	aggregate write-ins for other lines of business											[
	OTALS (a)	113,064,327	106,829,160	2,236,674	54,282,734	75,819,157	67,880,709	161,663,839	4,231,796	3,999,631	5,033,987	10,467,704	10,016,0
	DETAILS OF WRITE-INS												-
35. T													
35. T 3401. 3402.													
35. T 3401. 3402. 3403.	DETAILS OF WRITE-INS				ION								
35. T 401. 402. 403.					ION	· · · · · · · · · · · · · · · · · · ·							

(a) Finance and service charges not included in Lines 1 to 35 \$ 153,745

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)
BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2013

NAIC Company Code 24017

NAIC Group Code 3490 BUSINESS IN THE STATE OF TOTAL DURING THE YE	AR 201

AIC Group Code 3490				THE STATE OF TOTAL		4K 2013				NAIC Company Co		
	Gross Premiums, Including Policy and Return Premiums and Premiums of	Membership Fees, Less on Policies not Taken	3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire					,							
2.1 Allied lines												
2.2 Multiple peril crop 2.3 Federal flood					!							
Federal 1000 Farmowners multiple peril					!							
Homeowners multiple peril Homeowners multiple peril					!							
5.1 Commercial multiple peril (non-liability portion)												
.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical Professional Liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
5.1 Collectively renewable A & H (b)												
5.2 Non-cancelable A & H (b)												
i.3 Guaranteed renewable A & H (b)												1
5.4 Non-renewable for stated reasons only (b)												
5.5 Other accident only			1									
5.6 Medicare Title XVIII exempt from state taxes or fees			I									
5.7 All other A & H (b)												
5.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	113,064,327	106,829,160	2,236,674	54,282,734	75,819,157	67,880,709	161,663,839	4,231,796	3,999,631	5,033,987	10,467,704	10,028,8
7.1 Other liability - Occurrence												
7.2 Other liability - Claims - Made												
7.3 Excess workers' compensation												
18. Products liability					,							
9.1 Private passenger auto no-fault (personal injury protection)					,							
9.2 Other private passenger auto liability					,							
9.3 Commercial auto no-fault (personal injury protection)					,							
9.4 Other commercial auto liability					,							
21.1 Private passenger auto physical damage					!							
1.2 Commercial auto physical damage					!							
22. Aircraft (all perils) 23. Fidelity					!							
24. Surety					!							
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	113.064.327	106,829,160	2.236.674	54.282.734	75,819,157	67,880,709	161,663,839	4.231.796	3.999.631	5.033.987	10,467,704	10,028,8
DETAILS OF WRITE-INS	110,004,021	100,020,100	2,200,014	01,202,104	10,010,101	01,000,100	101,000,000	4,201,730	0,000,001	0,000,001	10,101,104	10,020,
01.												
402.												
103.				10N	<u></u>							
			1					1	1		1	1
498. Summary of remaining write-ins for Line 34 from overflow page					l <u></u>						1	

(c)	Finance and	carvina charnes	not included in	Lines 1 to 35 \$
aı	Finance and	service charges	noi included ir	iiinesiio oo a

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

0 and number of persons insured under indemnity only products 0.

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5		Reinsurance On		9	10	11	12	13	14	15
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
94-1390273 13-2673100	22039	Argonaut Insurance Company General Reinsurance Corporation	IL DE	5,359	258 (70)	4,084 1,883	4,342 1,813		1,343	2,188		4,202	6,441	10,325
0599999	Total Affilia	tes - Other (Non-U.S.) - Captive		5,359	188	5,967	6,155		1,343	2,188		4,202	6,441	10,325
0799999	Total Affillia	tes - Other (Non-U.S.) - Total		5,359	188	5,967	6,155		1,343	2,188		4,202	6,441	10,325
0899999	Total Affilia	tes - Total Affiliates		5,359	188	5,967	6,155		1,343	2,188		4,202	6,441	10,325
0099999	Total Allilla	les - Total Allillates		5,359	100	5,967	0,100		1,343	2,100		4,202	0,441	10,323
				1					1					
				1										
									1					
	.													
				1	[[
					l	1		l	1		I	I	1	
'														1

NONE Schedule F - Part 2 Premium Portfolio

SCHEDULE F – PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	1	5	6				Poins	urance Recovera	hle On	-		-	Poincuran	ce Payable	18	19
'	2	,	1	Reinsurance	"	7	8	g	10	11	12	13	14	15	16	17	10	19
				Contracts		,	Ü	Ĭ	10		1 '-		1 ''	"		''	Net Amount	Funds Held
				Ceding 75%													Recoverable	by
	1			or More of												Other	From	Company
	NAIC	Name		Direct	Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	Reinsurers	Under
ID	Company	of	Domiciliary	Premiums	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Written	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
Number	Code	rveinsurei	Julisuiction	vviilleii	Ceueu	LUSSES	LAL	I/G2GIVG2	iveseives	Reserves	Neserves	Fremiums	Commissions	Totals	Fayable	Remodiers	[10 + 17]	Treaties
06-1430254	10348	Arch Reinsurance Company	NE		247						1	3	1	3	8		(5)	1
43-0727872	15105	Safety National Casualty Corporation	MO		115					l	1	1 1	1	11	4		(3)	1
13-2673100	22039	General Reinsurance Corporation	DE		7,476	508	15	36,509	236	9,772	125	72	92	47,329	385		46,944	
36-6067575	24139	Old Republic General Insurance Corporation	IL			5		188	1					194			194	
48-0921045	39845	Westport Insurance Company	МО			24		494						518			518	
	1		1															
0999998	Total Authorized	- Other U.S. Unaffiliated Insurers (Under \$100,0	000)		43							1		1	3		(2)	
0999999	Total Authorized	- Other U.S. Unaffiliated Insurers			7,881	537	15	37,191	237	9,772	125	77	92	48,046	400		47,646	
AA-1127400	00000	Lloyd's Syndicate #1400: Danish Re Syndicat	GB		112							1		1	4		(3)	
1299998	Total Authorized	- Other Non-U.S. Insurers# (Under \$100.000)			63										2		(2)	
1200000	Total 7 tatilon20a	Cultil Hell C.C. Modroton (Chaol \$100,000)			00										_		(2)	
1299999	Total Authorized	- Other Non-U.S. Insurers#			175							1		1	6		(5)	
1399999	Total Authorized	- Total Authorized			8,056	537	15	37,191	237	9,772	125	78	92	48,047	406		47,641	
	I				l													
AA-3194128	00000	Allied World Assurance Corporation	BM	1	186						1	2	1	2	6		(4)	1
AA-3190829	00000	Alterra Bermuda Limited	BM	1	106						1		1		4		(3)	1
AA-3194130	00000	Endurance Specialty Insurance, Ltd	BM		139						1	2	1	2	4		(2)	1
AA-3190838	00000	Tokio Millenium Re, Ltd	BM	1	163						I	2	I	2	5		(3)	I
2599998	Total Unauthorize	ed - Other non-U.S. Insurers# (under \$100,000)			128							1		1	1			
2599999	Total Upouth : ==	 ed - Other non-U.S. Insurers#	L		722						-	8	-	8	20		(12)	-
2099999	Total Unauthorize	eu - Other non-U.S. Insurers#			122							8		8	20		(12)	
2699999	Total Unauthorize	l ed - Total Unauthorized	1		722							8		8	20		(12)	
4099999	Total Authorized,	Unauthorized and Certified			8,778	537	15	37,191	237	9,772	125	86	92	48,055	426		47,629	

NOTE:

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

· ·	<u> </u>	J
Name of Reinsurer	Commission Rate	Ceded Premium
1) General Reinsurance Corporatio		7,476
2)		
3)		
4)		
5)		

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the total recoverables, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer).

!	2	J	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1) General Reinsurance Corporatio	47,329	7,476	Yes [] No [X]
2) Westport Insurance Company	518_		Yes [] No [X]
3) Old Republic General Insurance	194_		Yes [] No [X]
4) Arch Reinsurance Company	3_	247_	Yes [] No [X]
5) Allied World Assurance Corporati	2	186	Yes[]No[X]

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

	NAIC	·		Reinsurance						surance Recovera						nce Payable	18	19
	NAIC			rtomodranoo		/ 1	8	9	10	11	12	13	14	15	16	17		
1	NAIC I			Contracts Ceding 75% or More of		,	Č	, and the second								Other	Net Amount Recoverable From	Funds Held by Company
1	1	Name		Direct	Reinsurance			Known	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	Reinsurers	Under
ID	Company	of	Domiciliary	Premiums	Premiums	Paid	Paid	Case Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Balances	Due to	Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Written	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
			.															
											1					1		
																1	1	
											1					1	1	
			1												1			
			1:::::															
								[1	1			1	1		1	1	
											1					1		
											1							
											1							
9999999	l Totals				8,778	537	15	37,191	237	9,772	125	86	92	48,055	426		47,629	

NOTE:

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1	2
Name of Reinsurer	Commissio
1) General Reinsurance Corporatio	
2)	
3)	
4)	
E)	

3	
Ceded Premiur	m
	7,476

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on-the total recoverables, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer).

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1) General Reinsurance Corporatio	47,329	7,476	Yes [] No [X]
2) Westport Insurance Company	518		Yes [] No [X]
3) Old Republic General Insurance	194_		Yes [] No [X]
4) Arch Reinsurance Company	3_	247_	Yes [] No [X]
5) Allied World Assurance Corporati	2	186	Yes[]No[X]

SCHEDULE F – PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	Reinsu	urance Recoverable on	Paid Losses and Pa Overdue	id Loss Adjustment Exp	penses	11	12	13
ID Number	NAIC Company Code	npany	Domiciliary Jurisdiction	Current	6 1 to 29 Days	7 30 - 90 Days	8 91 - 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	Percentage More Than 120 Days Overdue Col. 9/Col.11
		110 01.10	04.104.104011		20,0	20,0	Zuje	Zuje		00.0.0		00.110,00.111
13-2673100 36-6067575	22039 24139	General Reinsurance Corporation Old Republic General Insurance Corp	DE IL	523 5						523		
48-0921045		Westport Insurance Corporation	MO	24						24		
0999999	Total Authorize	ed - Other U.S. Unaffiliated Insurers		552						552		
1399999	Total Authorize	 ed - Total Authorized		552						552		
4099999	Total Authorize	ed, Unauthorized and Certified	T	552						552		
												1
			1									
								1				1
												I
			l									
										[1
		L	1									
9999999	Totals			552		[1		552		

SCHEDULE F – PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 6 + 7 + 9 + 10 + 11 but not in excess of Col. 5)	Provision for Unauthorized Reinsurance (Col. 5 minus Col. 12)	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20 % of Amount in Col. 14	20% of Amount in Dispute Included in Column 5	Provision for Overdue Reinsurance (Col. 15 plus Col 16)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus
AA-3194128 AA-3190829 AA-3194130 AA-1120337 AA-3190838	00000 00000 00000 00000	Allied World Assurance Company Alterra Bermuda Limited Endurance Specialty Insurance, Ltd Aspen Insurance UK Ltd Tokio Millennium Re, Ltd	BM BM BM GB BM	2 1 2 1 2				6 4 4 1 5			2 1 2 1 2						
1299999	Total Othe	r Non-U.S. Insurers #		8			XXX	20			8						
1399999	Total Affilia	Lates and Others		8			XXX	20			8						
9999999	Totals			8			XXX	20			8						

1. Amounts in dispute totaling \$

0 are included in Column 5.

2. Amounts in dispute totaling \$

0 are excluded from Column 14.

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
1				
1				
1				
1				
1				
1				
1				
			N .^.\. .	
			NONE	
		•		

SCHEDULE F - PART 6 - SECTION 1

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 OMITTED)

1	2	3	1	5	6	7	8	q	10	11			Callator	ral Provided			18	19	20	21
'	2	3	4	5	0	,	0	9	Net	11	12	13	14	15	16	17	10	19	20	21
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Net Amount Recoverable from Reinsurers (Sch. F Part 3 Col. 18)	Catastrophe Recoverables Qualifying for Collateral Deferral	Recoverables Subject to Collateral Requirements for Full Credit (Col. 8 - Col. 9)	Dollar Amount of Collateral Required (Col. 10 x Col. 7)	Multiple Beneficiary Trust	Funds Held by Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Other Allowable Collateral	Total Collateral Provided (Col. 12 + 13 + 14 + 16)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / Col. 10)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 18 / Col 7, not to exceed 100%)	Amount of Credit Allowed for Net Recoverables (Col. 9 + (Col. 10 x Col. 19))	Provision for Reinsurance with Certified Reinsurer Due to Collateral Deficiency (Col. 8 - Col. 20)
06-1430254	103/18	Arch Reinsurance Company	NE	0	12/31/2013		(5)		(5)											(F
43-0727872		Safety National Casualty Corporation	MO	0	12/31/2013		(3)		(3)											(3
13-2673100		General Reinsurance Corporation	DE	0	12/31/2013		46,944		46,944											46,944
36-6067575		Old Republic General Insurance Corp	1	0	12/31/2013		194		194											194
48-0921045		Westport Insurance Corporation	MO	0	12/31/2013		518		518											518
51-0434766		AXIS Reinsurance Company	GA	0	12/31/2013		(2)		(2)											(2
		S. Unaffiliated Insurers			XXX	XXX	47,646		47,646					XXX			XXX	XXX		47,646
AA-1127400	00000	Lloyd's Syndicate #1400: Alterra at Lloyd's	GB	0	12/31/2013		(3)		(3)											(3
AA-1128987		Lloyd's Syndicate #2987: BRIT Syndicate	GB	0	12/31/2013		(1)		(1)											(1
AA-1120080	00000	Lloyd's Syndicate #5151: Montpelier	GB	0	12/31/2013		(1)		(1)											(1
AA-3194128	00000	Allied World Assurance Company, Ltd	BM	0	12/31/2013		(4)		(4)											(4
AA-3190829		Alterra Bermuda Limited	BM	0	12/31/2013		(3)		(3)											(3
AA-3194130		Endurance Specialty Insurance, Ltd	BM	0	12/31/2013		(2)		(2)											(2
AA-3190838	00000	Tokio Millenium Re, Ltd	BM	0	12/31/2013		(3)		(3)											
1299999 Tota	al Other No	n-U.S. Insurers#			XXX	XXX	(17)		(17)					XXX			XXX	XXX		(17
1399999 Tot	al Affiliates	and Others			XXX	XXX	47,629		47,629					XXX			XXX	XXX		47,629
9999999 Tota	als		1	l .	XXX	XXX	47,629		47,629					XXX			XXX	XXX		47,629

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing Confirming Bank Name	Letters of Credit Amount
1				
			<u>.</u> <u>.</u> <u>.</u>	
			NONE	

NONE Schedule F - Part 6 - Section 2

NONE Schedule F - Part 7

NONE Schedule F - Part 8 Overdue Reinsurance

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
	FS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	353,308,732		353,308,732
2.	7			32,970,828
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	551,246	(551,246)	
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	4,415,886		4,415,886
6.	Net amount recoverable from reinsurers		47,627,942	47,627,942
7.				
8.	Totals (Line 28)		47,076,696	438,323,388
LIABIL	.ITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	147,377,780	47,324,227	194,702,007
10.			92,490	18,344,696
11.			86,370	57,794,369
12.		0.044.400		2,614,103
13.	Dividends declared and unpaid (Line 11.1 and 11.2)	2,000,044		3,966,044
14.		[(426,391)	
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)			119,142
17.				
18.		4 740 000		1.749.083
19.	Total liabilities excluding protected cell business (Line 26)		47,076,696	279,289,444
20.				
21.	, , , , , , , , , , , , , , , , , , , ,		XXX	159,033,944
22.		391,246,692	47,076,696	438,323,388

If yes, give full explanation:	

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance

or pooling arrangements? Yes [] No [X]

NONE Schedule H - Part 1

NONE Schedule H - Part 2, 3 and 4

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1	2	3	4
		Medical	Dental	Other	Total
A.	Direct:				
	1. Incurred Claims				
	Beginning claim reserves and liabilities				
	Ending claim reserves and liabilities				
	4. Claims paid				
В.	Assumed Reinsurance:				
	5. Incurred Claims				
	Beginning claim reserves and liabilities				
	Ending claim reserves and liabilities				
	8 Claims Paid				
C.	Ceded Reinsurance:	NONE			
	9. Incurred Claims	AOIAF			
	10. Beginning claim reserves and liabilities				
	11. Ending claim reserves and liabilities				
	12. Claims Paid				
D.	Net:				
	13. Incurred Claims				
	14. Beginning claim reserves and liabilities				
	15. Ending claim reserves and liabilities				
	16. Claims Paid				
E.	Net Incurred Claims and Cost Containment Expenses:				
	17. Incurred claims and cost containment expenses				
	18. Beginning reserves and liabilities				
	19. Ending reserves and liabilities				
	20. Paid claims and cost containment expenses				

NONE Schedule P - Part 1A Homeowners/Farmowners

NONE Schedule P - Part 1B Private Passenger

NONE Schedule P - Part 1C Commercial Auto

SCHEDULE P - PART 1D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 omitted)

	Pre	emiums Earne	•d			Los	s and Loss E	xpense Paym	ents			12
Years in	1	2	3			Defense	and Cost	Adju	sting	10	11	
Which				Loss Pa	ayments	Containmer	t Payments	and Other	Payments			Number of
Premiums				4	5	6	7	8	9		Total	Claims
Were										Salvage	Net Paid	Reported
Earned and	Direct			Direct		Direct		Direct		and	(Cols.	Direct
Losses Were	and		Net	and		and		and		Subrogation	4 - 5 + 6	and
Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1. Prior	XXX	XXX	XXX	2,901	1,030	192	28	167		1,898	2,202	XXX
2. 2004	157,326	9,746	147,580	79,581	1,202	6,709	9	15,408		2,581	100,487	16,287
3. 2005	169,051	11,054	157,997	80,445	5,385	6,297	39	18,566		1,727	99,884	15,576
4. 2006	159,213	11,915	147,298	82,273	620	5,883	4	16,783		2,196	104,315	14,339
5. 2007	136,208	11,343	124,865	79,278	1,247	4,932		16,768		2,236	99,724	12,165
6. 2008	118,728	9,972	108,756	67,759		3,929		16,491		1,146	88,179	9,948
7. 2009	101,670	7,173	94,497	65,869		3,640		13,052		820	82,561	8,604
8. 2010	91,451	8,028	83,423	60,602	878	3,122	20	13,416		596	76,242	8,127
9. 2011	92,459	7,451	85,008	57,609		3,867		13,080		728	74,556	8,196
10. 2012	102,597	8,432	94,165	43,704		3,324		12,644		334	59,672	8,338
11. 2013	111,600	8,778	102,822	20,769		1,587		10,224		25	32,580	7,894
12. Totals	XXX	XXX	XXX	640,790	10,362	43,482	107	146,599		14,287	820,402	XXX

	-		Losses	Unpaid		Defens	se and Cost (Containment	Unpaid	Adjusti	ing and	23	24	25
		Case I	Basis	Bulk +	BNR	Case	Basis	Bulk +	BNR	Other	Unpaid			Number of
		13	14	15	16	17	18	19	20	21	22		Total Net	Claims
												Salvage	Losses	Outstanding
		Direct		Direct		Direct		Direct		Direct		and	and	Direct
		and		and		and		and		and		Subrogation	Expenses	and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	22,913	14,179	190	2	413	105	26		2,108			11,364	87
2.	2004	2,717		612	35	57		6		344			3,701	25
3.	2005	5,425		315	45	109		15		593			6,412	27
4.	2006	2,771	338	974	95	109	3	12		385			3,815	28
5.	2007	10,058	7,289	516	218	163	19	1		1,082			4,294	31
6.	2008	4,110		766	319	231		10		477			5,275	57
7.	2009	10,370	4,822	627	388	259	42	54		1,028			7,086	62
8.	2010	10,515	2,912	1,359	548	333	20	61		1,183			9,971	93
9.	2011	10,968	60	4,193	1,247	576	11	155	15	1,459			16,028	199
10.	2012	22,998	7,590	8,634	1,552	1,053	48	220	30	3,136			26,821	435
11.	2013	22,232		27,260	5,322	2,100		354	80	5,879			52,423	1,960
12.	Totals	125,077	37,190	45,446	9,771	5,403	238	914	125	17,674			147,190	3,004

		To	tal Losses and		Loss and L	oss Expense F	Percentage			34	Net Bala	nce Sheet
		Loss E	xpenses Incui	rred	(Incurr	ed/Premiums E	arned)	Nontabula	r Discount	Inter-	Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	8,922	2,442
2.	2004	105,434	1,246	104,188	67.016	12.785	70.598				3,294	407
3.	2005	111,765	5,469	106,296	66.113	49.475	67.277				5,695	717
4.	2006	109,190	1,060	108,130	68.581	8.896	73.409				3,312	503
5.	2007	112,798	8,780	104,018	82.813	77.405	83.304				3,067	1,227
6.	2008	93,773	319	93,454	78.981	3.199	85.930				4,557	718
7.	2009	94,899	5,252	89,647	93.340	73.219	94.868				5,787	1,299
8.	2010	90,591	4,378	86,213	99.060	54.534	103.344				8,414	1,557
9.	2011	91,907	1,323	90,584	99.403	17.756	106.559				13,854	2,174
10.	2012	95,713	9,220	86,493	93.290	109.345	91.853				22,490	4,331
11.	2013	90,405	5,402	85,003	81.008	61.540	82.670				44,170	8,253
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	123,562	23,628

NONE Schedule P - Part 1E Commercial Multiple Peril

NONE Schedule P - Part 1F - Section 1 Med. Prof. Liab. Occurence

NONE Schedule P - Part 1F - Section 2 Med. Prof. Liab. Claims-Made

NONE Schedule P - Part 1G Special Liability

NONE Schedule P - Part 1H - Section 1 Other Liab. Occurence

NONE Schedule P - Part 1H - Section 2 Other Liab. Claims-Made

NONE Schedule P - Part 1I Special Property

NONE Schedule P - Part 1J Auto Physical Damage

NONE Schedule P - Part 1K Fidelity/Surety

NONE Schedule P - Part 1L Other

NONE Schedule P - Part 1M International

NONE Schedule P - Part 1N Nonproportional Assumed Prop.

NONE Schedule P - Part 10 Nonproportional Assumed Liab.

NONE Schedule P - Part 1P Nonproportional Assumed Fin. Lines

NONE Schedule P - Part 1R - Section 1 Prod. Liab. Occurence

NONE Schedule P - Part 1R - Section 2 Prod. Liab. Claims-Made

NONE Schedule P - Part 1S Financial Guaranty/Mortgage Guaranty

NONE Schedule P - Part 1T - Warranty

NONE Schedule P - Part 2A, 2B, 2C, 2D, 2E

NONE Schedule P - Part 2F - Sec. 1 and 2, 2G, 2H Sec. 1 and 2

NONE Schedule P - Part 2I, 2J, 2K, 2L, 2M

NONE Schedule P - Part 2N, 2O, 2P

NONE Schedule P - Part 2R Sec. 1 and 2, 2S, 2T

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

		CUMUL	ATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	R END (\$000 ON	/ITTED)	11	12
Υ	ears in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
	Which											Claims	Claims Closed
Los	ses Were											Closed With	Without Loss
li	ncurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Loss Payment	Payment
1.	Prior	000											
2.	2004		1	1				1		1	1		
3.	2005	XXX	1	1						1			
4.	2006	XXX	XXX	1						1			
5.	2007	XXX	XXX	XXX						1			
6.	2008	XXX	XXX	XXX	XXX		NI/) N I I		1			
7.	2009	XXX	XXX	XXX	XXX	XXX	INC	JINI		1			
8.	2010	XXX	XXX	XXX	XXX	XXX	XXX			1	1		
9.	2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1		
10.	2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1		
11.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

		CUMUL	ATIVE PAID N	ET LOSSES AN	D DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	R END (\$000 ON	/ITTED)	11	12
Υ	ears in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
,	Which											Claims	Claims Closed
Los	ses Were											Closed With	Without Loss
Ir	ncurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Loss Payment	Payment
1.	Prior	000											
2.	2004		1							1			
3.	2005	XXX	1	1	1					1			
4.	2006	XXX	XXX	1	1					1			
5.	2007	XXX	XXX	XXX	1					1			
6.	2008	XXX	XXX	XXX	XXX			7 1		1			
7.	2009	XXX	XXX	XXX	XXX	XXX	IVU	JINI		1			
8.	2010	XXX	XXX	XXX	XXX	XXX	XXX			1			
9.	2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1			
10.	2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1			
11.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

	CUMUI	LATIVE PAID N	ET LOSSES AN	ID DEFENSE A	ND COST CON	TAINMENT EXF	PENSES REPO	RTED AT YEAR	R END (\$000 ON	/ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which									Ī		Claims	Claims Closed
Losses Were		Ī		İ					İ		Closed With	Without Loss
Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Loss Payment	Payment
1. Prior	000											
2. 2004	1	1	1						1			
3. 2005	XXX	1	1						1			
4. 2006	XXX	XXX	1						1	1		
5. 2007	XXX	XXX	XXX				l		1	1		
6. 2008	XXX	XXX	XXX	XXX					1	1		
7. 2009	XXX	XXX	XXX	XXX	XXX	IN (1	1		
8. 2010	XXX	XXX	XXX	XXX	XXX	XX			1	1		
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1		
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		

SCHEDULE P – PART 3D – WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

	CUMUL	ATIVE PAID NE	T LOSSES AN	D DEFENSE AN	ND COST CON	TAINMENT EXF	PENSES REPOR	RTED AT YEAR	END (\$000 ON	(ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Loss Payment	Payment
1. Prior	000	32,751	49,818	61,362	69,182	73,724	76,517	78,316	80,284	82,319	19	(6)
2. 2004	27,779	57,483	71,236	77,887	81,575	83,340	84,127	84,685	84,670	85,079	13,979	2,283
3. 2005	XXX	26,837	56,603	69,905	77,532	80,097	81,663	83,134	82,984	81,318	13,410	2,117
4. 2006	XXX	XXX	28,745	56,546	71,459	79,497	82,937	85,162	86,024	87,532	12,404	1,749
5. 2007	XXX	XXX	XXX	27,723	54,203	65,963	72,997	76,936	81,080	82,956	10,576	1,510
6. 2008	XXX	XXX	XXX	XXX	21,739	45,872	58,896	65,943	69,309	71,688	8,575	1,235
7. 2009	XXX	XXX	XXX	XXX	XXX	22,460	44,923	58,064	65,355	69,509	7,273	1,158
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	19,837	42,857	55,129	62,826	7,059	872
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,047	47,788	61,476	7,134	843
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,951	47,028	7,021	895
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,356	5,149	1,032

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

	CUMUL	ATIVE PAID N	T LOSSES AN	D DEFENSE AN	ND COST CON	TAINMENT EXF	ENSES REPO	RTED AT YEAR	R END (\$000 ON	(ITTED)	11	12
Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
Which											Claims	Claims Closed
Losses Were											Closed With	Without Loss
Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Loss Payment	Payment
1. Prior	000											
2. 2004												
3. 2005	XXX											
4. 2006	XXX	XXX										
5. 2007	XXX	XXX	XXX									
6. 2008	XXX	XXX	XXX	XXX		N						
7. 2009	XXX	XXX	XXX	XXX	XXX							
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE Schedule P - Part 3F Sec. 1 and 2, 3G, 3H Sec. 1 and 2

NONE Schedule P - Part 3I, 3J, 3K, 3L, 3M

NONE Schedule P - Part 3N, 3O, 3P

NONE Schedule P - Part 3R Sec. 1 and 2, 3S, 3T

NONE Schedule P - Part 4A, 4B, 4C, 4D, 4E

NONE Schedule P - Part 4F Sec. 1 and 2, 4G, 4H Sec. 1 and 2

NONE Schedule P - Part 4I, 4J, 4K, 4L, 4M

NONE Schedule P - Part 4N, 4O, 4P

NONE Schedule P - Part 4R Sec. 1 and 2, 4S, 4T

SCHEDULE P – PART 5A – HOMEOWNERS/FARMOWNERS SECTION 1

Years in		CUMU	ILATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIA					
6. 2008	XXX	XXX	XXX	XXX	N()					
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Years in			CUMULATI\	E NUMBER OF	CLAIMS REPO	RTED DIRECT AN	ID ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5B – PRIVATE PASSENGER AUTO LIABILITY/MEDICAL SECTION 1

Years in		CUMU	ILATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	DSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIA					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL SECTION 1

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		ALO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Years in			CUMULATIV	/E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ID ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in		CUMU	LATIVE NUMBER	R OF CLAIMS CL	OSED WITH LO	SS PAYMENT D	DIRECT AND ASS	SUMED AT YEAR	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	5,150	1,038	400	216	115	51	21	53	26	19
2. 2004	8,935	13,163	13,675	13,851	13,918	13,938	13,948	13,971	13,976	13,979
3. 2005	XXX	8,934	12,664	13,125	13,294	13,335	13,353	13,366	13,383	13,392
4. 2006	XXX	XXX	8,380	11,633	12,124	12,267	12,325	12,357	12,388	12,404
5. 2007	XXX	XXX	XXX	7,247	10,116	10,386	10,496	10,555	10,589	10,621
6. 2008	XXX	XXX	XXX	XXX	5,904	8,133	8,436	8,575	8,617	8,640
7. 2009	XXX	XXX	XXX	XXX	XXX	5,017	6,866	7,214	7,316	7,367
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	4,978	6,800	7,055	7,152
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,018	6,883	7,149
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,253	7,010
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,149

SECTION 2

Years in			NUMBI	ER OF CLAIMS (OUTSTANDING I	DIRECT AND AS	SUMED AT YEA	R END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	1,758	882	519	324	215	168	161	115	98	87
2. 2004	4,303	735	302	140		59	52	31	27	25
3. 2005	XXX	3,810	661	273	110	71	59	46	33	27
4. 2006	XXX	XXX	3,372	601	262	144	91	63	35	28
5. 2007	XXX	XXX	XXX	2,852	510	237	143		56	31
6. 2008	XXX	XXX	XXX	XXX	2,218	489	244	122	81	57
7. 2009	XXX	XXX	XXX	XXX	XXX	1,978	515	206	117	62
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	1,910	424	191	93
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,980	426	199
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,867	435
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,960

Years in		-	CUMULATIV	E NUMBER OF	CLAIMS REPOR	TED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	381	120	34	16	5	5		7	11	2
2. 2004	15,474	16,222	16,273	16,278	16,280	16,282	16,283	16,285	16,287	16,287
3. 2005	XXX	14,796	15,497	15,540	15,550	15,551	15,553	15,553	15,554	15,576
4. 2006	XXX	XXX	13,781	14,277	14,313	14,316	14,320	14,322	14,324	14,339
5. 2007	XXX	XXX	XXX	11,585	12,152	12,149	12,158	12,160	12,162	12,165
6. 2008	XXX	XXX	XXX	XXX	9,395	9,915	9,946	9,948	9,948	9,948
7. 2009	XXX	XXX	XXX	XXX	XXX	8,209	8,564	8,591	8,603	8,604
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	7,748	8,107	8,128	8,127
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,770	8,157	8,196
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,961	8,338
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,894

SCHEDULE P – PART 5E – COMMERCIAL MULTIPLE PERIL SECTION 1

Years in		CUMU	ILATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT I	DIRECT AND AS	SUMED AT YEAR	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	

SECTION 2

Years in			NUMBI	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SUMED AT YEA	R END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		110					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Years in			CUMULATIV	/E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ID ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5F – MEDICAL PROFESSIONAL LIABILITY – OCCURRENCE SECTION 1A

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT I	DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIA					
6. 2008	XXX	XXX	XXX	XXX)NH				
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in			CUMULATIV	/E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ID ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5F – MEDICAL PROFESSIONAL LIABILITY – CLAIMS–MADE SECTION 1B

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3B

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIA					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5H – OTHER LIABILITY – OCCURRENCE SECTION 1A

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH L	OSS PAYMENT I	DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in			CUMULATIN	E NUMBER OF	CLAIMS REPOR	TED DIRECT A	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		110					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5H – OTHER LIABILITY – CLAIMS–MADE SECTION 1B

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		ALO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3B

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIA					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5R – PRODUCTS LIABILITY – OCCURRENCE SECTION 1A

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIO					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIA					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5R – PRODUCTS LIABILITY – CLAIMS–MADE SECTION 1B

Years in		CUMU	LATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX		NIA					
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SSUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3B

Years in			CUMULATIV	/E NUMBER OF	CLAIMS REPOR	RTED DIRECT AN	ID ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5T – WARRANTY SECTION 1

Years in		CUMU	ILATIVE NUMBE	R OF CLAIMS C	LOSED WITH LO	OSS PAYMENT [DIRECT AND AS	SUMED AT YEA	R END	
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2012	XXX	XXX	XXX	XXX) X X .	XXX	XXX		
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in			NUMB	ER OF CLAIMS	OUTSTANDING	DIRECT AND AS	SUMED AT YEA	AR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2012	XXX	XXX	XXX	XXX		XX 	XXX	XXX		
3. 2013	XXX	XXX	XXX	xxx	XXX	XXX	xxx	xxx	xxx	

Years in			CUMULATIV	E NUMBER OF	CLAIMS REPOR	TED DIRECT AN	ND ASSUMED A	T YEAR END		
Which	1	2	3	4	5	6	7	8	9	10
Premiums										
Were Earned										
and Losses										
Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2012	XXX	XXX	XXX	XXX		XXX	XXX	XXX		
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 6C – COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL SECTION 1

		CUMULA	ATIVE PREM	IUMS EARNE	D DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 O	MITTED)		11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Current Year Premiums Earned
1. Prior 2. 2004											
3. 2005 4. 2006	XXX	XXX									
5. 2007	XXX	XXX	XXX								
6. 2008	XXX	XXX	XXX	XXX	X						
8. 2010	XXX	XXX	XXX	XXX	XXX						
9. 2011	XXX	XXX	XXX	XXX	XXX.	XXX	XXX	XXX			
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total 13. Earned Premiums (Sc P–Pt 1)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 2

			CUMULATIV	E PREMIUMS	S EARNED C	EDED AT YE	AR END (\$00	00 OMITTED)			11
	1	2	3	4	5	6	7	8	9	10	1
Years in Which Premiums Were Earned and Losses Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Current Year Premiums Earned
1. Prior 2. 2004											
3. 2005	XXX										
4. 2006 5. 2007	XXX	XXX	XXX								
6. 2008	XXX	XXX	XXX	XXX							
7. 2009	XXX	XXX	XXX	XXX							
8. 2010 9. 2011	XXX	XXX	XXX	XXX			XXX				
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total 13. Earned Premiums (Sc P–Pt 1)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)
SECTION 1

		CUMULA	TIVE PREMI	UMS EARNE	D DIRECT A	ND ASSUME	D AT YEAR I	END (\$000 OI	MITTED)		11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Current Year Premiums Earned
1. Prior	6,930	(802)	(128)	258	(295)	16	(30)				
2. 2004	150,548	161,699	162,251	162,409	162,423	162,436	162,380	162,380	162,380	162,380	
3. 2005	XXX	158,702	163,813	163,947	163,692	163,754	163,682	163,681	163,678	163,678	
4. 2006	XXX	XXX	153,678	159,160	159,425	159,426	159,403	159,390	159,390	159,390	
5. 2007	XXX	XXX	XXX	130,176	149,483	149,379	149,361	149,355	149,355	149,355	
6. 2008	XXX	XXX	XXX	XXX	99,692	110,958	112,318	112,283	112,243	112,243	
7. 2009	XXX	XXX	XXX	XXX	XXX	90,416	98,234	98,411	98,382	98,382	
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	82,472	93,881	94,058	94,045	(13
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80,928	95,075	95,451	376
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88,345	104,222	15,87
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95,360	95,360
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	111,600
13. Earned Premiums (Sc P-Pt 1)	157,326	169,051	159,213	136,208	118,728	101,670	91,451	92,459	102,597	111,600	XXX

		(CUMULATIV	E PREMIUMS	S EARNED C	EDED AT YE	AR END (\$00	0 OMITTED)			11
	1	2	3	4	5	6	7	8	9	10	
Years in Which Premiums Were Earned and Losses Were Incurred	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Current Year Premiums Earned
1. Prior	7.728	(153)	1,105	232	397	1	(3)				
2. 2004	9,697	10,141	10,172	9,407	8,538	8,539	8,534	8,534	8,534	8,534	
3. 2005	XXX	10,461	9,643	7,594	7,594	7,284	7,278	7,278	7,278	7,278	
4. 2006	XXX	XXX	11,197	14,842	14,191	12,357	12,242	11,800	11,443	11,093	(350)
5. 2007	XXX	XXX	XXX	10,280	11,884	11,874	11,872	11,871	11,871	11,871	
6. 2008	XXX	XXX	XXX	XXX	9,490	10,527	10,648	10,645	10,642	10,642	
7. 2009	XXX	XXX	XXX	XXX	XXX	8,288	8,976	8,991	8,989	8,989	
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	7,350	8,325	8,340	8,339	(1)
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,907	8,126	8,157	31
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,559	8,869	1,310
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,788	7,788
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,778
13. Earned Premiums (Sc P–Pt 1)	9,746	11,054	11,915	11,343	9,971	7,173	8,028	7,451	8,431	8,778	XXX

NONE Schedule P - Part 6E Sec. 1 and 2, 6H Sec. 1A and 2A

NONE Schedule P - Part 6H Sec. 1B and 2B, 6M Sec. 1B and 2B

NONE Schedule P - Part 6N Sec. 1 and 2, 60 Sec. 1 and 2

NONE Schedule P - Part 6R Sec. 1A, 2A and 1B, 2B

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 omitted)

SECTION 1

	1	2	3	4	5	6
Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
Homeowners/Farmowners						
Private Passenger Auto Liability/Medical Commercial Auto/Truck Liability/Medical						
Workers' Compensation Commercial Multiple Peril	147,190	2,317	1.574	109,646		
Medical Professional Liability - Occurrence Medical Professional Liability - Claims-made						
Special Liability Occurrence						
Other Liabilities - Claims-made Special Property						
12. Auto Physical Damage 13. Fidelity/ Surety						
14. Other 15. International						
16. Reinsurance-Nonproportional Assumed						
Property	X X X	XXX	XXX	XXX	X X X	XXX
Reinsurance-Nonproportional Assumed Liability	xxx	XXX	XXX	XXX	XXX	XXX
18. Reinsurance-Nonproportional Assumed Financial Lines	xxx	xxx	xxx	xxx	xxx	xxx
Products Liability - Occurrence Products Liability - Claims-made Transit County Management County						
21. Financial Guaranty/Mortgage Guaranty 22. Warranty	447.400	0.047		400.040		
23. Totals	147,190	2,317	1.574	109,646		

SECTION 2

Years		INCURRED L	OSSES AND DE	FENSE AND CO	OST CONTAINM	ENT EXPENSES	REPORTED AT	YEAR END (\$00	00 OMITTED)	
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	8,389	10,012	10,981	9,659	9,099	9,281	9,707	10,352	10,640	11,056
2. 2004	4,933	5,057	5,997	5,338	5,308	5,686	5,709	5,706	5,140	5,328
3. 2005	XXX	519	1,810	1,827	1,750	1,764	1,788	2,019	319	417
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

		BULK ANI	D INCURRED BU	IT NOT REPORT	TED RESERVES	FOR LOSSES A	ND DEFENSE A	ND COST CONT	TAINMENT	
Years				EXPE	NSES AT YEAR	END (\$000 OMI	TTED)			
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	1,221	146	90	138	50	16				
2. 2004	3,670	574	151	86	50	30				
3. 2005	XXX	357	154	155	74	56				
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 7A PRIMARY LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

Years			NE.	TEARNED PRE	MIUMS REPORT	ED AT YEAR EN	ND (\$000 OMITTI	ED)		
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	36,989	36,218	36,192	36,502	36,275	36,303	36,080	36,080	36,080	36,080
2. 2004	1,992	6,044	5,949	6,534	6,534	6,534	6,534	6,534	6,534	6,534
3. 2005	XXX	1,191	3,797	3,106	2,943	2,926	2,855	2,855	2,855	2,855
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	

Years		NET RESERVE	FOR PREMIUM	ADJUSTMENTS	AND ACCRUED	RETROSPECT	IVE PREMIUMS	AT YEAR END (\$000 OMITTED)	
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	524	132	9	259	6	19				
2. 2004	221									
3. 2005	XXX	537	698	216	(11)	71				
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	XXX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 omitted)

SECTION 1

	1	2	3	4	5	6
Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
Homeowners/Farmowners						
Private Passenger Auto Liability/Medical						
Commercial Auto/Truck Liability/Medical						
Workers' Compensation Commercial Multiple Peril	147,190	2,317	1.574	109,646		
Medical Professional Liability - Occurrence						
Medical Professional Liability - Claims-made Special Liability						
Other Liability - Occurrence						
10. Other Liabilities - Claims-made						
11. Special Property						
12. Auto Physical Damage						
13. Fidelity/ Surety						
14. Other 15. International						
Reinsurance-Nonproportional Assumed Property						
17. Reinsurance-Nonproportional Assumed Liability						
Reinsurance-Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence						
20. Products Liability - Claims-made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	147,190	2,317	1.574	109,646		

SECTION 2

Years		INCURRED I	OSSES AND DE	FENSE AND CO	OST CONTAINM	ENT EXPENSES	REPORTED AT	YEAR END (\$00	00 OMITTED)	
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	\mathbf{x}					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

		BULK AN	D INCURRED BU	JT NOT REPOR	TED RESERVES	FOR LOSSES A	AND DEFENSE A	ND COST CONT	TAINMENT	
Years				EXPE	NSES AT YEAR	END (\$000 OMI	TTED)			
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004	1	1			1	1			1	
3. 2005	XXX	1								
4. 2006	XXX	XXX	1		1	1			1	
5. 2007	XXX	XXX	XXX						1	
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	X X					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 7B REINSURANCE LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

Years			NE	T EARNED PRE	MIUMS REPORT	ED AT YEAR EN	ND (\$000 OMITT	ED)		
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX									
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	\mathbf{x}					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years		NET RESERVE	FOR PREMIUM	ADJUSTMENTS	AND ACCRUE	RETROSPECT	IVE PREMIUMS	AT YEAR END (\$000 OMITTED)	
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004										
3. 2005	XXX								1	
4. 2006	XXX	XXX								
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	X X					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

Years			INCURRED	ADJUSTABLE	COMMISSIONS	REPORTED AT	YEAR END (\$000	OMITTED)		
in Which	1	2	3	4	5	6	7	8	9	10
Policies					1				•	
Were Issued	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004		1	1		1				1	
3. 2005	XXX	1	1		1			1	1	
4. 2006	XXX	XXX	1		1				1	
5. 2007	XXX	XXX	XXX		NIC					
6. 2008	XXX	XXX	XXX	XXX					1	
7. 2009	XXX	XXX	XXX	XXX	XX					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX			1	
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Years			RESER'	VES FOR COMM	/ISSION ADJUS	TMENTS AT YEA	AR END (\$000 O	MITTED)		
in Which	1	2	3	4	5	6	7	8	9	10
Policies										
Were Issued	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior										
2. 2004		1			1					
3. 2005	XXX	1			1					
4. 2006	XXX	XXX			1					
5. 2007	XXX	XXX	XXX							
6. 2008	XXX	XXX	XXX	XXX						
7. 2009	XXX	XXX	XXX	XXX	\mathbf{x}					
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE PINTERROGATORIES

	ЗСПЕВОІ	LE P INTERROGAT	ORIES	
1.	The following questions relate to yet-to-be-issued Extended Reportir provisions in Medical Professional Liability Claims Made insurance p			
.1	Does the company issue Medical Professional Liability Claims Made "ERE") benefits in the event of Death, Disability, or Retirement (DDR		· -	e Yes[]No[X]
	If the answer to question 1.1 is "no", leave the following questions bloom	lank. If the answer to question 1.1 is "y	res", please answer the following questions	S :
2	What is the total amount of the reserve for that provision (DDR Rese	erve), as reported, explicitly or not, else	where in this statement (in dollars)?	\$
3	Does the company report any DDR reserve as Unearned Premium F	Reserve per SSAP #65?		Yes[]No[X]
	Does the company report any DDR reserve as loss or loss adjustme	ent expense reserve?		Yes[]No[X]
,	If the company reports DDR reserve as Unearned Premium Reserve Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 2	•	n the Underwriting and Investment Exhibit,	Yes[] No[] N/A
	If the company reports DDR reserve as loss or loss adjustment expereserves are reported in Schedule P:	ense reserve, please complete the follo	wing table corresponding to where these	
	re Included in dical Professional Liability ses and Expenses Unpaid			
	Years in Which Premiums Were Earned and	1	2	
	Losses Were Incurred 1.601 Prior	Section 1: Occurrence	Section 2: Claims-Made	
	1.603 2005			
	1.605 2007			
	1.606 2008 1.607 2009			
	1.608 2010			
	1.610 2012			
	1.611 2013			
	The definition of allocated loss adjustment expenses (ALAE) and, the January 1, 1998. This change in definition applies to both paid and Containment" and "Adjusting and Other") reported in compliance with The Adjusting and Other expense payments and reserves should be of claims reported, closed and outstanding in those years. When all the Adjusting and Other expense should be allocated in the same per Adjusting and Other expense assumed should be reported according reinsurers, or in those situations where suitable claim count informat reasonable method determined by the company and described in Informatics.	unpaid expenses. Are these expenses th these definitions in this statement? e allocated to the years in which the los locating Adjusting and Other expense be ercentage used for the loss amounts ar g to the reinsurance contract. For Adjution is not available, Adjusting and Other	ses were incurred based on the number between companies in a group or a pool, and the claim counts. For reinsurers, asting and Other expense incurred by are expense should be allocated by a	Yes [X] No [] Yes [X] No []
	Do any lines in Schedule P include reserves that are reported gross net of such discounts on Page 10?	of any discount to present value of futu	ure payments, and that are reported	Yes[]No[X]
	If yes, proper disclosure must be made in the Notes to Financial Statin Schedule P - Part 1, Columns 32 and 33.	tements, as specified in the Instructions	s. Also, the discounts must be reported	
	Schedule P must be completed gross of non-tabular discounting. Wo upon request.	ork papers relating to discount calculati	ions must be available for examination	
	Discounting is allowed only if expressly permitted by the state insura	ance department to which this Annual S	Statement is being filed.	
	What were the net premiums in force at the end of the year for: (in thousands of dollars)		Fidelity Surety	\$ \$
	Claim count information is reported per claim or per claimant. (indica	ate which).		Per Claimant
	If not the same in all years, explain in Interrogatory 7.			
	The information provided in Schedule P will be used by many persor other things. Are there any especially significant events, coverage, rewhen making such analyses?			Yes[]No[X]
	An extended statement may be attached			

NONE Schedule T - Part 2

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
3490 3490	Beacon Mutual Insurance Group Beacon Mutual Insurance Group	24017 11837 00000	05-0458697 20-0317088 06-1490630				Beacon Mutual Insurance Company Castle Hill Insurance Company BMIC Services Corp	RI RI RI	DS DS	Beacon Mutual Insurance Company Beacon Mutual Insurance Company	Öwnership Öwnership	100.0	Beacon Mutual Insurance Compa Beacon Mutual Insurance Compa	
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NONE Schedule Y - Part 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCHEUNIC	Responses
1	MARCH FILING Will an actuarial opinion be filed by March 1?	YES
2.		YES
3.		YES
4.		YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	WAIVED
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
type code	following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and priving the interrogatory questions.	report and a bar
	MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO .
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplemental A to Schedule T (Medical Professional Liablity Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO .
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicle for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
33.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
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Explanation: Bar Code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES











































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